



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1093

DATE: January 27, 2012

TO: Iowa Medicaid Case Managers, Targeted Case Managers, Service Workers and Consumer Directed Attendant Care (CDAC) Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Consumer Directed Attendant Care (CDAC) Agreements

The purpose of this letter is to clarify the department policy regarding CDAC agreements; how agreements should be completed, how detailed units should equal authorized units, and the responsibilities of case managers and service workers regarding those agreements.

Department of Human Services (DHS) Policy Regarding CDAC Agreements

DHS intended for the CDAC agreement to detail only those specific services that are to be paid for with the dollars available in an individual member's waiver budget. The CDAC agreement was not meant to be used like a comprehensive assessment, which would detail all the assistance that a member may need. The CDAC agreement should only detail those services that can be paid through the waiver with available funding. All parties involved (member, provider, case managers, service workers, and the IME staff) must be able to clearly understand exactly what services the provider will do, how frequently those services will be rendered, and for what services the provider is to be paid.

It is not appropriate to include in the agreement a number of CDAC units that is greater than the number of units approved in the Individualized Services Information System (ISIS). By doing so, it creates a situation where none of the involved parties, including the case manager, service worker, or the IME staff, can identify what needs are to be met and what needs will not be met by the CDAC services. The needs that will not be met by CDAC should be addressed in the member's service plan. Providers should not be put into a position of deciding which service to provide under limited funding, but should have clear direction from the agreement. The CDAC agreement must be very clear as to the activities for which the provider will be paid.

For example: The member's assessed needs equal 80 units of CDAC per month and the provider is paid \$10.00 per unit. Because of other services under the waiver there is only \$400.00 remaining to fund CDAC services. In this instance, only 40 units of CDAC can be paid under the waiver. Therefore, the CDAC agreement must detail only 40 units of CDAC services. The remaining 40 hours of needs should be addressed in the member's service plan.

If a member's CDAC services are reviewed through Waiver Prior Authorization, and the approved number of units is reduced by the department, case managers and service workers

must work with the member and provider to create a new CDAC agreement. The number of approved units on the revised agreement cannot exceed the number of units approved by the department and must adhere to the service reductions outlined by the department. The revision of the agreement should occur soon after the decision by the department so that the member and provider can make decisions about how to handle the service reduction.

Completing CDAC Agreements

CDAC agreements are considered to be part of the member's service plan, and therefore fall under the responsibilities of the case manager or service worker. While the agreement is between the member and the provider, case managers and service workers have the following responsibilities toward those agreements:

- To ensure that the services included in the agreement address an assessed need of the member.
- To ensure that the services included in the agreement are coverable under CDAC in accordance with the Iowa Administrative Code 441-78.
- To ensure that the agreement includes those services of the greatest importance to the member's health, safety, and welfare. Needed services should be prioritized to make sure the most urgent need is met.
- To ensure that the number of units detailed in the body of the agreement equals the number of units approved in ISIS.
- To assist the member and provider in making decisions that are in the best interest of the member's health, safety, and welfare. These decisions should not be based on the desires or wishes of the provider.
- To monitor service provision to ensure that the agreed upon services are provided and are adequate to meet the needs to the member.

Updating CDAC Agreements

Many case managers and service workers are already creating CDAC agreements where the units detailed in the body of the agreement equal the number of units approved in ISIS. They have not found it necessary to alter agreements every month to accommodate the different number of days in any month or the slight shift in member needs from one category of service to another. The CDAC agreements are based on averages which include the number of times a member needs a monthly service and the average amount of time to provide that service each time. For example, if a member needs a daily service, then the agreement should reflect 31 days; if a service is needed every other day then the agreement should reflect 16 days, etc. There will be some months where it is possible that all authorized CDAC units are not billed or required.

If the member does experience a situation that requires a revision to the agreement for an extended period of time, then case managers and service workers should work with the member and provider to alter the agreement.

Please let us know if you have any questions related to the information above. You can email Le Howland at lhowlan@dhs.state.ia.us.